



## Provider Communication

<b>Subject:</b> Where to Send Your Refunds	<b>Priority:</b> <b>High</b>
<b>Date:</b> October 20, 2003	<b>Message ID:</b> ACSBNR-10202003-1

### *Dear Provider:*

To refund claims payments, overpayments or excess advance payments to Georgia Medicaid, mail your checks to this lockbox address:

Benefit Recovery Section - Provider Refunds  
P.O. Box 277941  
Atlanta, GA 30384-7941

- Make checks payable to Department of Community Health.
- Attach any correspondence or supporting documentation.
- Do not send questions or submit claims forms to this address.